

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 04-JUL-2014	TIME 22:15:00	2. ADDRESS OF OCCURRENCE 4320 W 30TH ST CHICAGO, IL 60623	3. LOCATION CODE 304	4. BEAT/OCUR 1031						
	5. POSITION 9161	6. LAST NAME HONDA	7. FIRST NAME DANIEL C	8. STAR NO. 3478	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F						
	10. RACE CODE API	11. AGE 507	12. HT. 160	13. WT. 160							
	14. DATE OF APPT. 28-APR-2003	15. EMPLOYEE NO. 010	16. UNIT & BEAT OF ASSIGNMENT 1061D	17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME DNA DELGADO	21. FIRST NAME HECTOR	22. M.I.	23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24. RACE WWH	25. O.G.S. 23-APR-1976					
	26. HT. 200	27. WT. 270	28. ADDRESS 2750 W ROOSEVELT RD CHICAGO, IL 60612	29. TELEPHONE NO.	30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	32. SUBJECT ALLEGED INJURY? 01 Yes <input type="checkbox"/> 02 No <input checked="" type="checkbox"/> 03 Yes <input type="checkbox"/> 04 No	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL	34. BY WHOM? DR. WIOELL	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****	37. CB NO. 18928104					
	38. DNA	39. DNA	40. DNA	41. DNA	42. DNA	43. DNA					
	SUBJECT INFORMATION	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT/ASSAULT		ASSAULTANT/BATTERY		ASSAULTANT/DEADLY FORCE	
		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		IMMINENT THREAT OR BATTERY		ATTACK WITH WEAPON		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	
DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		OTHER		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON			
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER		OTHER WIPED HIS HEAD/BLOOD		OTHER			
OTHER		OPEN HAND STRIKE TAKE DOWN/EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Shot) TASER (Laser Targeted) TASER (Spark Deployed) OTHER		ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) IMPACT MUNITION (Describe in Box 40) OTHER		KNEE STRIKE KICKS		FIREARM OTHER			
MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC CHEMICAL WEAPON WAUTHORIZATION OTHER		MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC CHEMICAL WEAPON WAUTHORIZATION OTHER		MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC CHEMICAL WEAPON WAUTHORIZATION OTHER		MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC CHEMICAL WEAPON WAUTHORIZATION OTHER		MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC CHEMICAL WEAPON WAUTHORIZATION OTHER			
44. REASON FOR USE OF FORCE (Check all that apply)		45. ADDITIONAL INFORMATION		46. WEATHER CONDITIONS CLEAR		47. BARREL LENGTH		48. CALIBER/GAUGE			
49. DNA		50. OC CHEMICAL WEAPON AUTHORIZED BY (NAME)		51. ADDITIONAL INFORMATION SUBJECT LUNGED AT R/O HONDA, RUBBING HIS HEAD AGAINST R/O HONDA'S RIGHT THIGH/RIGHT KNEE, LEAVING R/O'S PANTS SATURATED WITH SUBJECTS BLOOD. THE BLOOD SEEPED THROUGH THE PANTS, EXPOSING THE SKIN TO THE BLOOD CONTACT		52. WEATHER CONDITIONS CLEAR		53. CALIBER/GAUGE			
54. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEM-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		55. POSITION STAR NO.		56. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		57. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		58. WEATHER CONDITIONS CLEAR			
59. WEAPON SERIAL NO. (Include Letters)		60. PROPERTY INVENTORY NO.		61. MAKE/MANUFACTURER		62. MODEL		63. BARREL LENGTH			
64. SPECIAL WEAPON CERTIFICATE NO.		65. TYPE OF AMMUNITION USED		66. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		67. CALIBER/GAUGE		68. TOTAL NO. OF SHOTS MEMBER FIRED			
69. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		70. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		71. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		72. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		73. OTHER (Specify)			
74. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW		75. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		76. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		77. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		78. EVENT ID 1418216771			
79. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		80. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		81. DATE OF INCIDENT 05-JUL-2014 20:22:00		82. STAR/EMPLOYEE NO. 3478		83. SIGNATURE			
84. CASE INFO. SIGNATURES		85. REPORTING MEMBER (Print Name) HONDA, DANIEL C 05-JUL-2014 20:22:00		86. REVIEWING SUPERVISOR (Print Name) Kwasinski, Philip L 05-JUL-2014 20:33:41		87. DATE REVIEWED 05-JUL-2014 20:33:41		88. TIME 20:33:41			
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											
79. R.O. NO. HX331513											

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/19-3-A, 720 ILCS 5.0/12-3-A-2, 720 ILCS
5.0/12-1-A, 720 ILCS 5.0/12-1-A, 720 ILCS 5.0/16-1-A-1, 720 ILCS 5.0/19-1-A

DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

TRR prepared in order to access OBR. Subject not interviewed by R/Lt.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

TRR prepared to access needed OBR. All action's documented by P.O. Honda complied with Department procedures in response to subject Delgado's battery to P.O.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

GILTMIER, BETH A

SIGNATURE

DATE COMPLETED

TIME

05-JUL-2014 20:38:45

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input checked="" type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> I.O.D. REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	80. TOTAL TRR'S THIS EVENT NO. 2
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